

**STATE OF FLORIDA**  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**DIVISION OF MOTOR VEHICLES**  
Neil Kirkman Building - Tallahassee, FL 32399-0620  
**VOLUNTARY LICENSE PLATE SURRENDER**

NAME	DL NUMBER ASSOCIATED WITH LICENSE PLATE AND REGISTRATION
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NAME	DL NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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This will acknowledge receipt of your:

☐ MOTOR VEHICLE LICENSE PLATE # \_\_\_\_\_ DECAL # \_\_\_\_\_ EXP. \_\_\_\_\_

☐ MOTOR VEHICLE REGISTRATION(S) CANCELLED AND RETURNED, surrendered as a result of termination or cancellation of mandatory insurance coverage.

\_\_\_\_\_  
The above item or items will be reissued upon your compliance with the law.

1. Registrant's Copy

2. Bureau's Copy    ☐ BFR    ☐ BFO    \_\_\_\_\_ DATE

\_\_\_\_\_  
SIGNATURE – REGISTRANT

HSMV 82200 (8/00) S

\_\_\_\_\_  
SIGNATURE - TITLE - OFFICE